CALIFORNIA DEPARTMENT OF Mental Health

2011 COMMUNITY MENTAL HEALTH SUMMER STAKEHOLDER SERIES
DATE: August 16, 2011 LOCATION: Fresno, CA

Participants

40	Consumers/Family Members/Consumer Advocates
12	Providers
11	County Representatives
17	Other
31	Phone Participants
111	**Total Participants**

Pre-Meeting Education Session- Questions/Comments

- Is the data collected from stakeholder meeting coming from consumers? The data is coming from counties, providers and consumers/family members.
- Some of the funding comes from federal funds, correct? Yes, there are several federal grant programs at DMH – where should they go?
- When are these changes going to take place? Transition plan due in October – changes will occur July 1, 2012
- The timeline is too short to get input on the changes
- If there are any changes to the services, how will that be noted and will stakeholders have input? We are not that far into the process, but there will be notification if any services will change.

Background and Context Questions/Comments

- The Governor previously tapped into MHSA money, with the consolidation, will we be able to track MHSA money / utilization? Yes, AB100 shifts money directly to county mental health
- Will the MHSA money going directly to counties offset realignment funds? No, it is added does not subtract.
- Quality of services for mental health and substance use disorders. One option being considered is to create one Department for both mental health and alcohol and drug programs.
- Alcohol and drug services cannot be separated from mental health. I am very concerned about where these services will go.
- Prop 63 Prevention is equated with Intervention and not truly about prevention. Where will prevention (and funding for these services) go? We hope to have written input/suggestions into this topic, please tell us what you think should happen with these services.
- What will be the level of stakeholder consumer, family member input? Hopefully it will expand. DHCS is committed – I hope Prop 63 stakeholder input will improve and continue.
- In Fresno, the Alcohol and Drug Advisory Boards were not invited. It would be helpful to get info on co-occurring and if they were represented. ADP wanted to have separate meetings to ensure AOD stakeholders have an opportunity for input.
- Response to information about ADP stakeholder meetings: We can't know that the meetings are happening unless we look at the website and we don't know to look at the website if we don't know about the meeting.

Please note: Stakeholder questions appear in black font, DMH response indicated in red font.

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Based upon today's presentation, what are the changes in mental health at the state level that stand out for you?

- Communication between state and counties should not be diluted due to functions moving, communication needs to happen both ways.
- The [potential] coordination of Administrative requirements.
- With such huge staffing cuts, how is the work being processed? How are services able to be provided?
- I think DMH might be over-estimating the effectiveness of the Department with only 19 staff remaining.
- More discussion is needed about the service delivery implications. How will the unique situations of counties be taken into consideration? The state is no longer "micro-managing" services. This transition is moving the management of services to the local level which will increase services and quality at the local level.
- There is concern about mental health being lost entirely.
- There is a need to continue momentum of prevention, as well as disparities and discrimination against clients.
- We are also concerned about the fate of the Office of Multicultural Services:
  - Mental health knowledge and expertise
  - Cultural Competence Plan Requirements (CCPR); concerned that AB100/102 sets the stage for the elimination of the CCPR which is across funding streams (M/C and MHSA)
  - CA Reducing Disparities Project – hope to see funding continue

What opportunities do you see as a result of the transition at the state level?

Consumers/Family Members/Consumer Advocates

- Keep everyone involved
- No exclusion
- Bring more services to local level and meaningful services
- Learn new skills
- Get services more focused on recovery
- Get back responsibilities to local level
- Help to be more focus
- Community driven
- County priority and driven by county
- Cross training and education of other populations
- Education
- State encouragement for communication and cooperation
- Share and work together
- Work with local entities on integrative practices
- Development of Regional academies for training
- There needs to be oversight to watch over mental health services
- Financial oversight usually brings control (power); the only leverage is through funding

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County Representatives

- Don't blackball mentally ill people – provide a certification process that we can use to make a living.
- Fresno County has "Peer Support" positions that provide living wages and a routine.
- Improved access to medication for low income people.
- Anti-stigma campaign –more Public Service Announcements at the county level.
- By moving money to counties, there are more opportunity for services like employment and stigma.
- Co-occurring disorders
- Transitional-age-youth
- Cultural competence
- Early intervention
- There should still be financial oversight and accountability to the State. Locals should track finances, but there should be accountability at state level
- Issue Resolution: county should review first, then move to State oversight/accountability structure
- I am concerned DHCS doesn't really understand mental health; they need mental health knowledge.
- There is a problem with affordable services at local level.
- Regarding county data collection and reporting requirements, sometimes counties are reporting just to report. Locals should decided what data is important to track effectiveness
- Simplify and focus on the essentials. MHSA activities are established through the county planning process.
- Local control that's unique to the culture of the county.
- Local autonomy- counties can expedite services without State buy-in.
- More jobs for consumers and more "wellness centers".
- Incorporate practices that have been proven to help people become autonomous.
- Do not dilute funding by offsetting Realignment, this is a huge concern.

Providers

- With this transition, counties cannot move forward with various questions regarding Medi-Cal issues. It has been difficult to reach DMH and DHCS staff with questions.
- Funding to counties offers quantitative/qualitative services
- Less oversight from the State
- Strengthen Mental Health Boards and Commissions
- Unsure how services will be affected especially services with blended funds
- Eliminate redundancies in oversight/reporting requirement
- More coordination between agencies for reporting requirements
- Joint commission Audit shared locally? Audits through Department of Behavioral Health?
- DMH should be combined with ADP
- Enhancing Co-occurring services

Phone Participants

- More funding at the local level with less ties.
- Great opportunity for local mental health boards to be involved in the decision making process.
- Opportunity to collaborate with the military, veterans and their families, and to include them in mental health planning.

Which entity should assume responsibility for the functions/programs listed? What functions/programs are missing from the list?

Providers

- What happened to technical assistance for counties? Technical assistance is important for counties.
- Suggest giving ratings to functions, some are more important than others.
- Financial oversight at State level, checks and balances are needed.
- Compliance and Quality Improvement needs broad oversight– the total package should not be just at local level.
- Take out or reduce the role of state level administration whenever possible. There should be local management of services with state oversight.
- Balance oversight needed for small and large counties to ensure fairness.
- Funds are being redirected to counties and counties can used as the funds as directed at the local level.
- Clarification is needed regarding Realignment.
- County Boards of Supervisors need to focus on meeting the needs of clients.

Phone Participants

- The state should have a certain level of oversight of ALL functions.
- Stakeholders need more information about each of the functions in order to make an informed decision.
- It would be helpful for the state to provide a description of each function, as well as list which division/unit is currently responsible for each function.
- Compliance and Quality Improvement are two very different things and should not be grouped together. Quality Improvement should be listed in the same category with Access / Utilization.
- A category for Prevention should be included on the list of functions.
- A category for Special Populations (ex. Veterans) should be included on the list.
- Other categories that should be listed include: Office of Consumer and Family Affairs and Patients' Rights.
- The Office of Multi-Cultural Services must remain intact and could assume additional responsibilities, as well.

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Break-Out Themes

- Stakeholder inclusion/involvement (consumers)
- More meaningful services at the local level
- Skill development for consumers
- More focused on recovery model
- Community focused – client driven – local
- Cross-training/education
- Collaboration and communication at state
- More jobs for consumers – more wellness centers
- Anti – stigma efforts
- Focus on cultural competence, co-occurring.
- TAY
- Reduce redundancies in oversight and reporting requirements
- Strengthen mental health boards and commissions
- Integrated mental health and substance use services – combine with ADP
- Military veterans involved with planning services
- Need descriptions of functions
- All functions need "some" level of state oversight
- Consumer Advisory Board with collaboration – DMH, DHCS, ADP, etc.
- Fidelity to MHSA
- Concern about fast track/timeline
- Ensure peer-to-peer supports and recovery model is not lost in transition

What do you believe are the challenges associated with the changes to mental health at the state level? How can these challenges be addressed?

- Are there Medi-Cal/medication changes? Benefits will be the same; placement and delivery may change
- It is important to have consumer stakeholders involved.
- Streamlining can be good, but we have to be careful. We might make it more complicated for consumers with top-down approach. No more barricades!
- Peer-to-peer/families/stakeholders need to have more powerful voice at the county level.
- The fiscal crisis at the State isn't over. There are existing structures that can deliver services (E.g. FQHCs) Federal health home; take advantage of existing structures.
- Mental illness is often a family trait, but family members may not have diagnosis. We need to change the stereotypes about mental illness. People still have value (workforce, etc.)
- There is a need for education campaign (PSAs) to combat stigma
- There is concern that [more] money will be taken away from MHSA. People don't see mental health as important. There needs to be a mental health education/anti-stigma campaign.

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Phone Participants

- Preserving the integrity of prevention and early intervention. Caution needs to be taken so that these programs are not absorbed into direct services.
- Currently, there is a pool of consumers, family members and private providers who have a voice in the mental health system and in how services are provided. This pool of "expert advisors" must remain intact and the mechanism of utilizing these individuals must be re-established.
- Current efforts at contingency planning must continue.
- Creating an advisory board (approximately ten people) of representatives from government agencies, counties and providers would be helpful to ensure that mental health services continue to be provided at the appropriate level of government.
- Oversight needs to remain at the state level to ensure accountability and to keep the fidelity of the MHSA work that has already been done. The stakeholder voice must remain strong and be taken into account.
- Without oversight, counties will not be responsible to stakeholders.
- Consumers and family members must be heard from and not forgotten about during this process.
- Efficiency, not expediency.
- The fast-track of this process is a concern because it has excluded many individuals from participating. Things are moving too fast and many people have not had the opportunity to participate in these meetings.
- It is important not to lose the peer-to-peer support and the recovery model that has already been established.

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